

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23839

**Entity Name:** ASSOCIATION OF FUND RAISING PROFESSIONALS, INC. BIG BEND CHAPTER

**Current Principal Place of Business:**

1900 CENTRE POINTE BLVD APT 88  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P.O. BOX 4046  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-2873430

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARQUEZ, BRIAN  
1900 CENTRE POINTE BLVD APT 88  
TALLAHASSEE, FL 32308 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** BRIAN MARQUEZ

03/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name IGNACIO, KATHERINE  
Address P.O. BOX 4046  
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY  
Name TEAL, KRISTIE  
Address P.O. BOX 4046  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name MARQUEZ, BRIAN  
Address P.O. BOX 4046  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name BALLAS, NICOLE  
Address P.O. BOX 4046  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN MARQUEZ

PRESIDENT

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date